

Scholarship Application
AFP Southwest Florida Chapter
Approved 12/08/2020

PART I – PERSONAL & EMPLOYMENT INFORMATION

PERSONAL INFORMATION					
Last Name		First Name			
Job Title/Position:			Employer:		
Current Business Address:			E-Mail Address		
City		State		ZIP	
Business Phone:		Cell Phone:		Business Fax:	
Are you a member of AFP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received the CFRE designation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received prior assistance from this fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No
FUND DEVELOPMENT INFORMATION					
Are you currently employed in a Fund Development Position? <input type="checkbox"/> Yes <input type="checkbox"/> No				Number of years in the profession:	
If you are NOT employed full-time in a Fund Development Position, please outline the nature and extent of your responsibilities and activities in Fund Development:					
List below, in point form, all your volunteer activities with the chapter. Where applicable, list the capacity in which you were involved and time commitment					
Have you made a donation to the AFP Every Member Campaign (EMC) this year?					<input type="checkbox"/> Yes <input type="checkbox"/> No

PART II – SCHOLARSHIP REQUESTED

<input type="checkbox"/>	CFRE Credential
<input type="checkbox"/>	Chamberlain Scholarship
<input type="checkbox"/>	Planet Philanthropy
<input type="checkbox"/>	Membership Incentive Please check if you are a Young Professional <input type="checkbox"/>

PART III – BENEFITS OF PROGRAM, AND PROFESSIONAL DEVELOPMENT ACTIVITIES

WHAT BENEFITS DO YOU EXPECT TO SEE AS A RESULT OF YOUR PARTICIPATION IN THIS PROFESSIONAL DEVELOPMENT ACTIVITY?
HOW WILL THE INFORMATION YOU GAIN FROM THIS SCHOLARSHIP PASSED ON / SHARED WITH OTHER PEOPLE INVOLVED IN YOUR ORGANIZATION?
LIST ANY PREVIOUS COURSES, CONFERENCES, SEMINARS OR TRAINING IN FUNDRAISING YOU HAVE PARTICIPATED IN INCLUDING AFP SOUTHWEST FLORIDA MEETINGS AND PROGRAMS. PLEASE INCLUDE EVENT OR PROGRAM DATE.
1.
2.
3.
4.
5.
6.
7.

PART V – SIGNATURE / ENDORSEMENTS

APPLICANT DECLARATION

By signing this application, I declare and acknowledge:

1. That to the best of my knowledge and belief, I hereby verify that the information and summary of activities as submitted in this application are correct
2. That I, the applicant, meet the eligibility requirements as outlined in the AFP Southwest Florida Chapter Scholarship Program guidelines
3. That I will be responsible for submitting a written report on the event covered by this application, so that the chapter may share the benefit of this experience with other members.
4. That if I receive scholarship my name may be published in the chapter newsletter
5. That I understand the information provided on this application may be used for research and statistical analysis
6. That if any information is inaccurate, that any awards may be reassessed and/or withdrawn

Signature

Date

Submit this completed application via e-mail to kim.afpswfl@gmail.com

AFP Southwest Florida Chapter defines diversity as a core value in relation to board members and individual chapter members, the organizational missions they represent, the people they serve, and the community within which AFP Southwest Florida Chapter operates. It is an inclusive concept encompassing, without limitation, race, color, ethnicity, culture, nationality, gender identity, sexual orientation or identity on the LGBTQ+ spectrum, religion or lack thereof, age, economic class, educational level, rural or urban location (geography), language, immigration status, physical mobility and ability, and marital and parental status. The state of being diverse means having the broadest possible representation of individuals, experiences, and perspectives in all-encompassing terms.

For Chapter Use Only

Date Received: _____ Action Taken: _____
